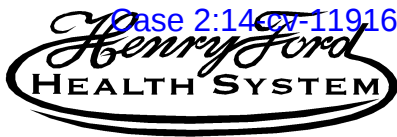


Exhibit 6



Employment Application

False, Misleading or Incomplete Information will Prevent Applicants from Being Hired

Applicant Data

First Name Natalie	Middle Name Kristen	Last Name Reeser	Former Names	
Address 18825 Cass Ave.	Apt/Unit # 103	City Clinton Twp.	State/Province MI	Zip/Postal Code 48038
Primary Phone # 586-843-6020	Mobile Phone #	Work Phone #		
E-mail Address natalie_19_99@yahoo.com				
Have you ever worked for Henry Ford Health System or an affiliate, directly or through an agency or as a contractor? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please provide location Name of Agency		
Do you have an outstanding loan obligation to Henry Ford Health System or an affiliate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please provide details		
Are you at least 18 years of age? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Are you legally authorized to work in the USA? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Will you require future sponsorship for employment visa status? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Are you able, with or without reasonable accommodation, to perform the essential functions of the job for which you are applying? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No				
Are you or have you ever been excluded from participation in a Governmental Health Care Payment Program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please provide details		

Work Experience

Have you ever been fired or asked to resign by an employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide details
Do you have any time commitments to any other employer which may affect your employment with Henry Ford Health System? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide details
Do you have any gap in your employment history that is greater than 30 days? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If yes, please provide details	
List all employers, beginning with your present or most recent and include temporary experience and job related volunteer experience. Please complete employment section for your current and/or most recent employer and your last three employers! The fields highlighted in yellow for the first employer are required. For each additional employer; the same fields are also required, but not highlighted in yellow. (See resume is not acceptable)	

1. Company Name Right at Home		Address		City Sterling Heights	State/Province MI	Zip/Postal Code
Dates of Employment From: 12/2009 To:		Your Title Phlebotomist / PCA		Pay Rate		
		Your Department				
Are you currently employed with this Employer? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No						
Supervisor's Name		Supervisor's Title		Supervisor's Phone Number		
Reason for Leaving:		Have you ever been disciplined by this employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please provide details:		
Describe your major duties: I draw blood from patients for analysis or transfusion through venipuncture.						
2. Company Name Home Helper Inc		Address 66707 Vandyke ave		City Wahington twp	State/Province MI	Zip/Postal Code 48095
Dates of Employment From: 5/2006 To: 12/2009		Your Title PCA		Pay Rate		
		Your Department				
Supervisor's Name Bridget , or Joann		Supervisor's Title Owner		Supervisor's Phone Number 586-752-3797		
Reason for Leaving:		Have you ever been disciplined by this employer? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please provide details:		
Describe your major duties: Experienced caring for adults, including those with dementia, with bathing, dressing, cleaning homes, preparing meals, handling daily documentation and other paperwork, and taking clients on outings. Also dispense medications per physician orders.						
3. Company Name		Address		City	State/Province	Zip/Postal Code
Dates of Employment From: To:		Your Title		Pay Rate		
		Your Department				
Supervisor's Name		Supervisor's Title		Supervisor's Phone Number		
Reason for Leaving:		Have you ever been disciplined by this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide details:		
Describe your major duties:						
4. Company Name		Address		City	State/Province	Zip/Postal Code
Dates of Employment From: To:		Your Title		Pay Rate		
		Your Department				

Supervisor's Name		Supervisor's Title		Supervisor's Phone Number	
Reason for Leaving:		Have you ever been disciplined by this employer?		If yes, please provide details:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe your major duties:					

Education/License/Certifications/Registration

List all the schools you have attended beginning with high school.				
Please complete education section entirely; please include any college, licenses or certificates that you have received relevant to the position you have applied to. (See resume is not acceptable; please complete all fields relevant for the position you are applying to and your education background.)				
High School/GED Testing Center/Adult Education Center Name	Graduated?	Dates Attended	Degree Type	Major
Roscommon High School	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending			
City	State/Province	Country		
Rosecommon	MI	United States		
College/University/Trade School Name	Graduated?	Dates Attended	Degree Type	Major
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending	From:		
		To:		
City	State/Province	Country		
College/University/Trade School Name	Graduated?	Dates Attended	Degree Type	Major
	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Still Attending	From:		
		To:		
City	State/Province	Country		
List your Licenses/Certifications/Registrations				
Type	State/Province	Number	Year Issued	Expiration Date
Has any action or investigation been taken or threatened against your professional license/certification/registration?		If yes, please provide details including dates.		
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Not Applicable				

Criminal History

1. Have you ever been charged with, indicted for, convicted of, or pled guilty or no contest to any felony, regardless of the sentence you received, whether you were given probation, received a deferred adjudication or a pardon, or the conviction was sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide details, including dates, location, results, fine paid or time served, etc.
2. Have you ever been convicted of, or pled guilty or no contest to any misdemeanor, or other criminal offense or violation (excluding minor traffic violations, but including any substance abuse related offense e.g., driving while intoxicated or under the influence) regardless of the sentence you received, whether you were given probation, received a deferred adjudication or a pardon, or the conviction was sealed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide details, including dates, location, results, fine paid or time served, etc.
3. Are there any pending charges or investigations filed against you in a court of law, regulatory agency and/or licensing agency that are related to performing the duties of the position for which you are applying <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	If yes, please provide details

Preferences

Desired Shift (check all that apply) <input checked="" type="checkbox"/> Days <input type="checkbox"/> Afternoons <input type="checkbox"/> Nights <input type="checkbox"/> Rotating	Desired Status <input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> Contingent
Desired Start Date 5/2011	Minimum Acceptable Pay Rate USD \$14.00/Hr.
Can you work weekends? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Willing to relocate? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Preferred Location	
Specialty(s)	
NURSING APPLICANTS ONLY	
Areas of Interest	

I certify that the information provided by me on this form as well as all statements made and information submitted by me in connection with my application for employment are true and accurate. I authorize Henry Ford Health System or its designated agents to investigate all such information for accuracy. I release from all liability anyone providing information in response to such investigation. I understand and agree that if any of the information or statements is false, misleading or incomplete, it will prevent me from being hired, or if hired, it will be grounds for my termination from employment. I declare that I am not using any illegal drug and do not engage in improper self-medication. I understand that in accordance with HFHS policies and procedures, following a conditional offer of employment, I will be subjected to a pre-employment health screen. The health screen will include drug testing and I understand that a positive result on the drug test may disqualify me from employment.

I understand that while the initial hours, shifts, facility and days of work were explained during the interview process, they are not guaranteed during my employment and that I may be required to work other shifts, hours, days, or at other facilities as organizational needs require. I understand that employment is not guaranteed and that I can be terminated at will without cause and without notice. I understand that this application does not constitute a contractual agreement; and that policies and procedures may be changed with or without notice.

Henry Ford Health System is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, national origin, age, height, weight, marital status, military or veteran status, disability, or any other illegal criteria. Henry Ford Health System is committed to making reasonable accommodations for qualified disabled applicants and employees if the accommodation will allow the individual to perform the essential functions of the job. A qualified disabled applicant or employee who feels he/she needs an accommodation to enable him/her to perform the essential functions of a job at Henry Ford Health System should notify the Human Resource department in writing within 182 days of the date he/she knows or should have known that an accommodation is needed. Failure to provide such notice precludes a claim that Henry Ford Health System failed to make an accommodation under the Michigan Persons with Disability Act.

PLEASE READ THE ABOVE STATEMENTS AND SIGN APPLICATION

Natalie Reeser
Signature

5/9/2011 5:53 PM
Date